

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

Amy Lee Bodeau, M.D.

Physician's and Surgeon's
License No. A102917

Respondent

Case No. 800-2017-036691

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 22, 2021.

IT IS SO ORDERED: March 23, 2021.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

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Attorney General of California
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8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2017-036691

14 **AMY LEE BODEAU, M.D.**
27309 Madison Avenue
15 Temecula, CA 92590-5685

OAH No. 2020080619

16 **Physician's and Surgeon's Certificate**
17 **No. A 102917,**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18 Respondent.

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Xavier Becerra, Attorney General of the State of California, by LeAnna E. Shields,
26 Deputy Attorney General.

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1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to each and every charge and allegation contained in
4 Accusation No. 800-2017-036691 and agrees that she has thereby subjected her Physician's and
5 Surgeon's Certificate No. A 102917 to disciplinary action.

6 10. Respondent further agrees that if an accusation is ever filed against her before the
7 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-
8 2017-036691 shall be deemed true, correct and fully admitted by Respondent for purposes of any
9 such proceeding or any other licensing proceeding involving Respondent in the State of
10 California.

11 11. Respondent agrees that her Physician's and Surgeon's Certificate No. A 102917 is
12 subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in
13 the Disciplinary Order below.

14 CONTINGENCY

15 12. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the
16 Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be
17 submitted to the Board for its consideration in the above-entitled matter and, further, that the
18 Board shall have a reasonable period of time in which to consider and act on this Stipulated
19 Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully
20 understands and agrees that she may not withdraw her agreement or seek to rescind this
21 stipulation prior to the time the Board considers and acts upon it.

22 13. The parties agree that this Stipulated Settlement and Disciplinary Order shall be
23 null and void and not binding upon the parties unless approved and adopted by the Board, except
24 for this paragraph, which shall remain in full force and effect. Respondent fully understands and
25 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and
26 Disciplinary Order, the Board may receive oral and written communications from its staff and/or
27 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify
28 the Board, any member thereof, and/or any other person from future participation in this or any

1 other matter affecting or involving Respondent. In the event that the Board does not, in its
2 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the
3 exception of this paragraph, it shall not become effective, shall be of no evidentiary value
4 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
5 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order
6 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any
7 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this
8 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

9 **ADDITIONAL PROVISIONS**

10 14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
11 be an integrated writing representing the complete, final and exclusive embodiment of the
12 agreements of the parties in the above-entitled matter.

13 15. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
14 including copies of the signatures of the parties, may be used in lieu of original documents and
15 signatures and, further, that such copies shall have the same force and effect as originals.

16 16. In consideration of the foregoing admissions and stipulations, the parties agree that
17 the Board may, without further notice or formal proceeding, issue and enter the following
18 Disciplinary Order:

19 **DISCIPLINARY ORDER**

20 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 102917
21 issued to Respondent AMY LEE BODEAU, M.D., is hereby revoked. However, the revocation
22 is stayed and Respondent is placed on probation for three (3) years on the following terms and
23 conditions:

24 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
25 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
26 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
27 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
28 correcting any areas of deficient practice or knowledge and shall be Category I certified. The

1 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
2 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
3 completion of each course, the Board or its designee may administer an examination to test
4 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
5 hours of CME of which 40 hours were in satisfaction of this condition.

6 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
7 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
8 advance by the Board or its designee. Respondent shall provide the approved course provider
9 with any information and documents that the approved course provider may deem pertinent.
10 Respondent shall participate in and successfully complete the classroom component of the course
11 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
12 complete any other component of the course within one (1) year of enrollment. The prescribing
13 practices course shall be at Respondent's expense and shall be in addition to the Continuing
14 Medical Education (CME) requirements for renewal of licensure.

15 A prescribing practices course taken after the acts that gave rise to the charges in the
16 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
17 or its designee, be accepted towards the fulfillment of this condition if the course would have
18 been approved by the Board or its designee had the course been taken after the effective date of
19 this Decision.

20 Respondent shall submit a certification of successful completion to the Board or its
21 designee not later than 15 calendar days after successfully completing the course, or not later than
22 15 calendar days after the effective date of the Decision, whichever is later.

23 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
24 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
25 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
26 licenses are valid and in good standing, and who are preferably American Board of Medical
27 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
28 relationship with Respondent, or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

4 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
5 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
6 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
7 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
8 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
9 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
10 signed statement for approval by the Board or its designee.

11 Within 60 calendar days of the effective date of this Decision, and continuing throughout
12 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
13 make all records available for immediate inspection and copying on the premises by the monitor
14 at all times during business hours and shall retain the records for the entire term of probation.

15 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
16 date of this Decision, Respondent shall receive a notification from the Board or its designee to
17 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
18 shall cease the practice of medicine until a monitor is approved to provide monitoring
19 responsibility.

20 The monitor(s) shall submit a quarterly written report to the Board or its designee which
21 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
22 are within the standards of practice of medicine, and whether Respondent is practicing medicine
23 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
24 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
25 preceding quarter.

26 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
27 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
28 name and qualifications of a replacement monitor who will be assuming that responsibility within

1 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
2 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
3 notification from the Board or its designee to cease the practice of medicine within three (3)
4 calendar days after being so notified. Respondent shall cease the practice of medicine until a
5 replacement monitor is approved and assumes monitoring responsibility.

6 In lieu of a monitor, Respondent may participate in a professional enhancement program
7 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
8 review, semi-annual practice assessment, and semi-annual review of professional growth and
9 education. Respondent shall participate in the professional enhancement program at
10 Respondent's expense during the term of probation.

11 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
12 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
13 Chief Executive Officer at every hospital where privileges or membership are extended to
14 Respondent, at any other facility where Respondent engages in the practice of medicine,
15 including all physician and locum tenens registries or other similar agencies, and to the Chief
16 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
17 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
18 calendar days.

19 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

20 5. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
21 governing the practice of medicine in California and remain in full compliance with any court
22 ordered criminal probation, payments, and other orders.

23 6. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
24 under penalty of perjury on forms provided by the Board, stating whether there has been
25 compliance with all the conditions of probation.

26 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
27 of the preceding quarter.

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1 7. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

3 Respondent shall comply with the Board's probation unit.

4 Address Changes

5 Respondent shall, at all times, keep the Board informed of Respondent's business and
6 residence addresses, email address (if available), and telephone number. Changes of such
7 addresses shall be immediately communicated in writing to the Board or its designee. Under no
8 circumstances shall a post office box serve as an address of record, except as allowed by Business
9 and Professions Code section 2021, subdivision (b).

10 Place of Practice

11 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
12 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
13 facility.

14 License Renewal

15 Respondent shall maintain a current and renewed California physician's and surgeon's
16 license.

17 Travel or Residence Outside California

18 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
19 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
20 (30) calendar days.

21 In the event Respondent should leave the State of California to reside or to practice,
22 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
23 departure and return.

24 8. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
25 available in person upon request for interviews either at Respondent's place of business or at the
26 probation unit office, with or without prior notice throughout the term of probation.

27 9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training
7 program which has been approved by the Board or its designee shall not be considered non-
8 practice and does not relieve Respondent from complying with all the terms and conditions of
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
10 on probation with the medical licensing authority of that state or jurisdiction shall not be
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
12 period of non-practice.

13 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
14 months, Respondent shall successfully complete the Federation of State Medical Board's Special
15 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
16 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
17 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

18 Respondent's period of non-practice while on probation shall not exceed two (2) years.

19 Periods of non-practice will not apply to the reduction of the probationary term.

20 Periods of non-practice for a Respondent residing outside of California will relieve
21 Respondent of the responsibility to comply with the probationary terms and conditions with the
22 exception of this condition and the following terms and conditions of probation: Obey All Laws;
23 General Probation Requirements; Quarterly Declarations.

24 10. COMPLETION OF PROBATION. Respondent shall comply with all financial
25 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
26 completion of probation. Upon successful completion of probation, Respondent's certificate shall
27 be fully restored.

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1 11. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
2 of probation is a violation of probation. If Respondent violates probation in any respect, the
3 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
4 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
5 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
6 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
7 be extended until the matter is final.

8 12. LICENSE SURRENDER. Following the effective date of this Decision, if
9 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
10 the terms and conditions of probation, Respondent may request to surrender her license. The
11 Board reserves the right to evaluate Respondent's request and to exercise its discretion in
12 determining whether or not to grant the request, or to take any other action deemed appropriate
13 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
14 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
15 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
16 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
17 application shall be treated as a petition for reinstatement of a revoked certificate.

18 13. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
19 with probation monitoring each and every year of probation, as designated by the Board, which
20 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
21 California and delivered to the Board or its designee no later than January 31 of each calendar
22 year.

23 14. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
24 a new license or certification, or petition for reinstatement of a license, by any other health care
25 licensing action agency in the State of California, all of the charges and allegations contained in
26 Accusation No. 800-2017-036691 shall be deemed to be true, correct, and fully admitted by
27 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
28 restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Fredrick M. Ray, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 102917. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 2/3/21 
AMY LEE BODEAU, M.D.
Respondent

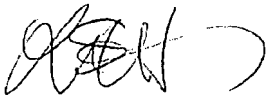
I have read and fully discussed with Respondent Amy Lee Bodeau, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 2/3/2021 
FREDRICK M. RAY, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: Feb. 4, 2021

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

LEANNA E. SHIELDS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

1 XAVIER BECERRA
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8 *Attorneys for Complainant*

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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2017-036691

14 **AMY LEE BODEAU, M.D.**
27309 Madison Avenue
15 Temecula, CA 92590-5685

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
No. A 102917,

17
18 Respondent.

19
20 **PARTIES**

21 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
23 (Board).

24 2. On or about March 5, 2008, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 102917 to Amy Lee Bodeau, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on March 31, 2022, unless renewed.

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1 JURISDICTION

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
22 medical review or advisory conferences, professional competency examinations,
23 continuing education activities, and cost reimbursement associated therewith that are
24 agreed to with the board and successfully completed by the licensee, or other matters
25 made confidential or privileged by existing law, is deemed public, and shall be made
26 available to the public by the board pursuant to Section 803.1.

27 5. Section 2234 of the Code, states, in pertinent part:

28 The board shall take action against any licensee who is charged with
unprofessional conduct. In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or
abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more
negligent acts or omissions. An initial negligent act or omission followed by a
separate and distinct departure from the applicable standard of care shall constitute
repeated negligent acts.

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1 (1) An initial negligent diagnosis followed by an act or omission medically
2 appropriate for that negligent diagnosis of the patient shall constitute a single
3 negligent act.

4 (2) When the standard of care requires a change in the diagnosis, act, or
5 omission that constitutes the negligent act described in paragraph (1), including, but
6 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
7 licensee's conduct departs from the applicable standard of care, each departure
8 constitutes a separate and distinct breach of the standard of care.

9 ...
10 6. Section 2266 of the Code, states:

11 The failure of a physician and surgeon to maintain adequate and accurate
12 records relating to the provision of services to their patients constitutes unprofessional
13 conduct.

14 **FIRST CAUSE FOR DISCIPLINE**

15 **(Gross Negligence)**

16 7. Respondent has subjected her Physician's and Surgeon's Certificate No. A 102917 to
17 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
18 the Code, in that she committed gross negligence in her care and treatment of Patient A¹ as more
19 particularly alleged hereinafter.²

20 8. On or about May 7, 2012, Patient A, a then 68-year old female, presented to
21 Respondent's clinic with questions regarding her medications. Patient A's medical history was
22 significant for hysterectomy, carpal tunnel surgery, rotator cuff repair, gastric bypass surgery,
23 mitral valve repair, chronic back pain, depression and anxiety. During this initial visit with

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28 ¹ Patient identity has been withheld to maintain patient confidentiality. The patient's
identity is known to Respondent or will be disclosed to Respondent upon receipt of a duly issued
request for discovery and in accordance with Government Code section 11507.6.

² Any medical care or treatment rendered by Respondent more than seven years prior to
the filing of the instant Accusation is described for informational purposes only and not pleaded
as a basis for disciplinary action.

1 Patient A, Respondent noted Patient A's medication regimen included, but was not limited to,
2 Vicodin³ (5/500), Ambien⁴ (5 mg), trazodone⁵ (50 mg) and Xanax⁶ (0.5 mg).

3 9. On or about July 11, 2012, Patient A was seen by Respondent for follow up on
4 various issues. During this visit, Respondent changed Patient A's prescription for Vicodin to
5 Norco⁷ (10/325).

6 10. On or about August 23, 2012, Patient A presented to the emergency department with
7 complaints of shortness of breath after suffering a recent fall.

8 11. On or about September 28, 2012, Patient A was seen by Respondent. During this
9 visit, Patient A reported Norco was causing her to feel drowsy and requested to return back to
10 Vicodin. Records for this visit indicate Respondent offered to prescribe Percocet⁸ to Patient A as
11 an alternative, but Patient A declined.

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13 _____
14 ³ Vicodin is a brand name for the drug combination of 5 mg of hydrocodone and 500 mg of
15 acetaminophen. It is a Schedule II controlled substance pursuant to Health and Safety Code section
16 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.
When properly prescribed and indicated, it is used for the treatment of moderate to moderately severe pain.

17 ⁴ Ambien is a brand name for zolpidem, a Schedule IV controlled substance pursuant to Health
18 and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
Professions Code section 4022. Ambien is a benzodiazepine analog. When properly prescribed and
indicated, it is commonly used to treat insomnia.

19 ⁵ Trazodone is commonly used to treat depression and insomnia. It is considered a dangerous drug
20 pursuant to Business and Professions Code section 4022.

21 ⁶ Xanax is a brand name for alprazolam, a Schedule IV controlled substance pursuant to Health
22 and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and
Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

23 ⁷ Norco is a brand name for the drug combination of hydrocodone (5 mg, 7.5 mg, or 10 mg) and
24 acetaminophen (325 mg). Hydrocodone is a Schedule II controlled substance pursuant to Health and
25 Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions
Code section 4022. When properly prescribed and indicated, it is used for the treatment of moderate to
moderately severe pain. The DEA has identified opioids, such as hydrocodone, as a drug of abuse.
(Drugs of Abuse, DEA Resource Guide (2015 Edition), at p. 43.)

26 ⁸ Percocet is a brand name for the drug combination of oxycodone (2.5 mg, 5 mg, 7.5 mg, or 10
27 mg) and acetaminophen (325 mg). Oxycodone is an opioid and is classified as a Schedule II controlled
28 substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug
pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is
used for the treatment of moderate to moderately severe pain.

1 12. On or about October 12, 2012, Patient A was seen by Respondent. During this visit,
2 Patient A again stated Norco was not as effective as Vicodin. Records for this visit indicate
3 Respondent prescribed 120 tablets of Percocet (5/325) to Patient A.

4 13. On or about December 28, 2012, Respondent prescribed 120 tablets of Percocet
5 (5/325) to Patient A.

6 14. On or about January 3, 2013, Patient A was seen by Respondent. During this visit,
7 Patient A reported taking eight (8) tablets of Percocet per day after suffering from a fall. Records
8 for this visit indicate Respondent prescribed 240 tablets of Percocet (5/325) to Patient A.

9 15. On or about March 7, 2013, Patient A was seen by Respondent. During this visit,
10 Patient A requested an early refill of her Percocet prescription before leaving out of town.
11 Records for this visit indicate Respondent prescribed 240 tablets of Percocet (5/325) to Patient A.

12 16. On or about April 1, 2013, Patient A presented to the emergency department with
13 complaints of right flank pain after suffering a recent fall. Records for this visit indicate Patient
14 A suffered several fractured ribs from her fall.

15 17. On or about April 26, 2013, Patient A was seen by Respondent to follow up on her
16 recent emergency department visit. During this visit, Patient A reported taking six (6) tablets of
17 Percocet per day, but it was not adequately managing her pain. Records for this visit indicate
18 Respondent prescribed 180 tablets of Percocet (10/325) to Patient A.

19 18. On or about June 7, 2013, Patient A was seen by Respondent with complaints of
20 fatigue. During this visit, Patient A reported taking eight (8) tablets of Percocet per day and also
21 continuing taking Ambien. Records for this visit indicate Respondent encouraged Patient A to
22 wean off of Ambien and prescribed 240 tablets of Percocet (10/325) to Patient A.

23 19. On or about September 5, 2013, Patient A presented to urgent care after suffering an
24 ankle sprain from a recent fall.

25 20. On or about September 6, 2013, Patient A presented to the emergency department to
26 follow up on her recent fall and was determined to have suffered a fractured vertebrae.

27 21. On or about October 25, 2013, Patient A was seen by Respondent with a request to
28 refill her medications. During this visit, Patient A reported her recent steroid injection relieved

1 her pain for only a few days and was now taking eight (8) tablets of Percocet per day. Records
2 for this visit indicate Respondent prescribed 240 tablets of Percocet (10/325) to Patient A.

3 22. On or about November 21, 2013, Patient A was seen by Respondent with complaints
4 of right shoulder pain. During this visit, Patient A reported her recent steroid injection relieved
5 her pain for only a few days. Records for this visit indicate Respondent prescribed 240 tablets of
6 Percocet (10/325) and 60 tablets of MS Contin⁹ (15 mg) to Patient A.

7 23. On or about December 18, 2013, Patient A was seen by Respondent with complaints
8 of a sore throat and plugged ears. Records for this visit indicate Respondent prescribed 240
9 tablets of Percocet (10/325) and 60 tablets of MS Contin (15 mg) to Patient A.

10 24. On or about December 31, 2013, Patient A presented to the emergency department
11 for altered mental status after striking her head in a recent fall. Patient A was transferred to
12 another facility to monitor her care. On or about January 19, 2014, Patient A was discharged
13 home with instructions to stop taking Ambien, Percocet, and Keppra.¹⁰ Patient A was then
14 prescribed Norco (10/325), MS Contin (15 mg), trazodone (50 mg) and Xanax (0.5 mg). The
15 hospital summary noted Patient A's history of abusing opiates and benzodiazepines, which
16 further increased her risk of falling. The discharge summary also recommended a taper of her
17 benzodiazepines and narcotic medications.

18 25. On or about January 21, 2014, a home health nurse left a message for Respondent
19 informing her of concerns regarding Patient A overmedicating with opiates and benzodiazepines,
20 increasing her risk of falling and that Patient A continued taking Ambien and Percocet, despite
21 the hospital discharge orders to stop these two medications. This note was received and signed by
22 Respondent on or about January 28, 2014.

23 26. On or about January 24, 2014, Patient A was seen by Respondent for follow up after
24 her recent hospitalization and to review her medications. During this visit, Patient A reported she

25
26 ⁹ MS Contin is a brand name for morphine sulfate, a Schedule II controlled substance pursuant to
27 Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and
28 Professions Code section 4022.

¹⁰ Keppra is a brand name for levetiracetam, an anti-epileptic drug commonly used to treat
epilepsy. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

1 ran out of morphine, preferred Percocet over Norco, and believed she needed Xanax. Records for
2 this visit indicate Respondent prescribed 150 tablets of Percocet (10/325), 60 tablets of trazodone
3 (100 mg), 60 tablets of MS Contin (15 mg), and 30 tablets of Xanax (0.25 mg) to Patient A.

4 27. When asked about how she determined the appropriate dose of Percocet to replace
5 Patient A's prescription for Norco during a subject interview at the Department of Consumer
6 Affairs Health Quality Investigation Unit, Respondent stated she used a one-to-one ratio.

7 28. On or about February 14, 2014, Patient A was seen by Respondent. Patient A's two
8 sons accompanied Patient A at the visit and expressed concerns regarding Patient A's medications
9 and slurred speech. Records for this visit indicate Respondent attributed Patient A's altered
10 speech to expressive aphasia and increased Patient A's prescription for Celexa¹¹ from 20 mg to 40
11 mg.

12 29. On or about March 6, 2014, Patient A was seen by Respondent. During this visit,
13 Patient A reported her Percocet was not controlling her chronic back pain. Records for this visit
14 indicate Respondent increased Patient A's prescription for morphine and prescribed 120 tablets of
15 MS Contin (15 mg) to Patient A.

16 30. On or about March 7, 2014, Patient A left a message for Respondent requesting a
17 refill of her trazodone prescription. On or about March 10, 2014, Respondent increased Patient
18 A's prescription for trazodone from 50 mg to 100 mg.

19 31. On or about March 31, 2014, Patient A was seen by Respondent with complaints of
20 increased depression. Records for this visit indicate Respondent prescribed Wellbutrin¹² (75 mg)
21 to Patient A.

22 32. On or about April 23, 2014, Patient A was seen by Respondent with complaints of
23 increased pain despite taking six (6) tablets per day of Percocet. Records for this visit indicate

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25 _____
26 ¹¹ Celexa is a brand name for citalopram, an antidepressant used to treat major depressive disorder.
27 It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

28 ¹² Wellbutrin is a brand name for bupropion, an antidepressant used to treat major depressive
disorder. It is classified as a dangerous drug pursuant to Business and Professions Code section 4022.

1 Respondent prescribed 180 tablets of Norco (10/325) and referred Patient A to pain management
2 and acupuncture.

3 33. On or about April 30, 2014, Patient A presented to the emergency department after
4 suffering a recent fall. Records for this visit note several concerns regarding the numerous falls
5 Patient A has experienced and directions for Patient A to follow up with Respondent regarding
6 Patient A's abuse of opioids and concurrent use of benzodiazepines.

7 34. On or about May 1, 2014, Patient A was seen by Respondent to follow up on her
8 recent hospitalization. During this visit, Patient A presented with complaints of depression and
9 reported no pain relief despite taking six (6) tablets of Norco (10/325) per day and two (2) tablets
10 of MS Contin per day. Patient A also reported running out of her clonazepam¹³ two weeks
11 earlier. Records for this visit indicate Respondent prescribed 60 tablets of MS Contin (15 mg) to
12 Patient A and referred Patient A to psychiatry.

13 35. On or about June 17, 2014, Patient A attended an intake session for a Chemical
14 Dependency Recovery Program (CDRP) but was declined upon determination pain management
15 would be a better fit for Patient A's issues.

16 36. On or about July 16, 2014, Patient A left a phone message for Respondent requesting
17 a refill of Xanax, reporting she ran out of her prescription for one week.

18 37. On or about July 22, 2014, Respondent authorized a refill prescription of 60 tablets of
19 Xanax (0.25 mg) for Patient A.

20 38. On or about July 30, 2014, Patient A attended orientation for a pain management
21 program but declined to register for the program.

22 39. On or about August 6, 2014, Patient A was seen by Respondent. During this visit,
23 Patient A reported taking both two (2) tablets of MS Contin per day and four (4) tablets of Norco
24 per day, but requested an increase of her Norco prescription to allow up to six (6) tablets per day.
25 Records for this visit indicate Respondent prescribed 160 tablets of Norco (10/325) to Patient A.

26
27 ¹³ Clonazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section
28 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It
is an anti-anxiety medication in the benzodiazepine family.

1 40. On or about March 29, 2015, Patient A presented to the emergency department with
2 altered mental status and slurred speech. Records for this visit revealed Patient A had also been
3 prescribed phentermine¹⁴ by another physician.

4 41. On or about April 6, 2015, Patient A was seen by Respondent to follow up on her
5 recent hospitalization. Records for this visit indicate Respondent prescribed 120 tablets of
6 Percocet (10/325) to Patient A.

7 42. On or about April 15, 2015, Patient A was seen by Respondent. During this visit,
8 Patient A requested increasing her Percocet prescription to allow six (6) tablets per day. Records
9 for this visit indicate Respondent's plan to fill Patient A's prescription for Percocet early and with
10 the higher quantity to allow six (6) tablets per day.

11 43. On or about April 27, 2015, Patient A was seen by Respondent. Records for this visit
12 indicate Respondent prescribed 180 tablets of Percocet (10/325) to Patient A.

13 44. On or about May 18, 2015, Patient A was seen by Respondent and reported running
14 out of trazodone and mentioned prescriptions for gabapentin¹⁵ and baclofen.¹⁶ Records for this
15 visit indicate Respondent prescribed 60 tablets of trazodone (100 mg) to Patient A.

16 45. On or about June 29, 2015, Patient A was seen by Respondent to discuss her
17 medications. During this visit, Patient A asked to resume her Xanax prescription. Records for
18 this visit indicate Respondent prescribed 30 tablets of Xanax (0.25 mg), 60 tablets of trazodone
19 (100 mg), and recommended Patient A follow up with psychiatry.

20 46. On or about July 16, 2015, Patient A was seen by Respondent with complaints of
21 restless leg syndrome. Records for this visit indicate Respondent prescribed 180 tablets of

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24 ¹⁴ Phentermine is a Schedule IV controlled substance pursuant to Health and Safety Code section
25 11057, subdivision (f), and a dangerous drug pursuant to Business and Professions Code section 4022. It
is a stimulant and an appetite suppressant.

26 ¹⁵ Gabapentin is an anti-epileptic drug commonly used to treat seizures and epilepsy. It is
27 classified as a dangerous drug pursuant to Business and Professions Code section 4022.

28 ¹⁶ Baclofen is a muscle relaxer commonly used to treat muscle spasms. It is classified as a
dangerous drug pursuant to Business and Professions Code section 4022.

1 Percocet (10/325), 30 tablets of Xanax (0.25), and 100 tablets of gabapentin (300 mg).

2 Respondent also referred Patient A to follow up with neurology.

3 47. On or about July 24, 2015, Patient A was seen by Respondent. During this visit,
4 Patient A reported running out of her Xanax early. Records for this visit indicate Respondent
5 prescribed 60 tablets of Xanax (0.25 mg) and 60 tablets of trazodone (100 mg) to Patient A.

6 48. On or about September 5, 2015, Patient A presented to the emergency department
7 after suffering a recent fall resulting in a minor head injury.

8 49. On or about October 27, 2015, Patient A was seen by Respondent for urinary issues.
9 During this visit, Patient A reported seeing psychiatry who changed her medications, that her
10 prescriptions for trazodone and Wellbutrin were replaced with prescriptions for Celexa and
11 Remeron.¹⁷ Records for this visit indicate Respondent prescribed 180 tablets of Percocet
12 (10/325) to Patient A.

13 50. On or about December 9, 2015, Patient A left a phone message for Respondent
14 requesting a prescription for trazodone.

15 51. On or about December 11, 2015, Respondent left a message for Patient A declining to
16 issue a prescription for trazodone and recommended she contact her psychiatrist to adjust her
17 medications.

18 52. On or about December 28, 2015, Patient A was seen by Respondent after a recent
19 hospitalization for swelling in the legs. During this visit, Patient A indicated she was dissatisfied
20 with Remeron and requested a prescription for trazodone for her insomnia. Patient A also
21 indicated she was leaving town for two weeks and needed an early refill of Percocet. Records for
22 this visit indicate Respondent recommended Patient A return to psychiatry but then prescribed
23 100 tablets of trazodone (100 mg) and issued the early refill of 180 tablets of Percocet (10/325).

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27 ¹⁷ Remeron is a brand name for mirtazapine, an antidepressant commonly used to treat major
28 depressive disorder. It is classified as a dangerous drug pursuant to Business and Professions Code section
4022.

1 53. On or about January 17, 2016, Patient A left a phone message requesting a refill of
2 her Remeron prescription. On or about January 18, 2016, Patient A was informed her Remeron
3 prescription was discontinued when she was prescribed trazodone.

4 54. On or about January 22, 2016, Patient A left a phone message for Respondent
5 requesting a refill of her trazodone prescription, claiming one (1) tablet per day was insufficient,
6 and that she had been taking two and a half (2.5) pills or three (3) pills per day instead.

7 55. On or about April 13, 2016, Patient A was seen by Respondent. Records for this visit
8 indicate Respondent prescribed 180 tablets of Percocet (10/325) and 30 tablets of trazodone (100
9 mg) to Patient A.

10 56. On or about May 12, 2016, Patient A was seen by Respondent to discuss her
11 medications. During this visit, Patient A reported running out of trazodone, and borrowing some
12 from her daughter. Patient A also reported taking "two yellow pills" which she believed to be
13 clonazepam. According to Patient A, after taking the pills, she fell asleep and her family was
14 unable to wake her, so they brought her to the emergency department. Records for this visit
15 indicate Respondent advised Patient A to not take medications issued to others and then
16 prescribed 30 tablets of trazodone (100 mg) to Patient A.

17 57. On or about July 18, 2016, Patient A was seen by Respondent to follow up on her
18 recent visits to the emergency department. Records for this visit indicate Respondent prescribed
19 100 tablets of gabapentin (300 mg) to Patient A.

20 58. On or about August 23, 2016, Patient A was seen by Respondent. During this visit,
21 Patient A reported increased pain due to a sore throat, so Patient A had been taking eight (8)
22 tablets of Percocet per day and needed an early refill. Records for this visit indicate Respondent
23 prescribed 180 tablets of Percocet (10/325) to Patient A.

24 59. On or about September 13, 2016, Patient A was seen by Respondent with complaints
25 of back pain. During this visit, Patient A claimed she lost her Percocet and needed an early refill.
26 Records for this visit indicate Respondent prescribed 90 tablets of Percocet (10/325) to Patient A.

27 60. On or about September 23, 2016, Respondent prescribed another 90 tablets of
28 Percocet (10/325) to Patient A.

1 61. On or about February 11, 2017, Patient A presented to the emergency department
2 after suffering a head injury after experiencing multiple recent falls. Records for this visit
3 indicate Patient A exhibited slurred speech, which Patient A attributed to her dental implants. A
4 urine drug screen revealed positive results for amphetamines but negative results for opiates.

5 62. On or about March 1, 2017, Patient A was seen by Respondent regarding a bladder
6 infection. During this visit, Patient A reported she was leaving out of town and needed an early
7 refill of her medications. Records for this visit indicate Respondent prescribed 180 tablets of
8 Percocet (10/325) and 100 tablets of Celexa (40 mg) to Patient A.

9 63. On or about March 13, 2017, Patient A presented to the emergency department with
10 complaints of shortness of breath and was diagnosed with pneumonia.

11 64. On or about March 22, 2017, Patient A presented to the emergency department with
12 complaints of bruising to her abdomen area. Records for this visit indicate Patient A was allowed
13 to self-regulate her administration of Dilaudid¹⁸ due to Patient A's frequent requests for
14 increasing amounts of pain medications. Records for this visit indicate Narcan¹⁹ was
15 administered to Patient A when she became nonresponsive. Patient A was discharged on April 1,
16 2017.

17 65. On or about April 2, 2017, Patient A left a phone message for Respondent requesting
18 a prescription for Percocet. On or about April 3, 2017, Respondent prescribed 180 tablets of
19 Percocet (10/325) to Patient A.

20 66. On or about April 13, 2017, Patient A left a phone message for Respondent
21 requesting a prescription for hydroxyzine.²⁰

22 _____
23 ¹⁸ Dilaudid is a brand name for hydromorphone, a Schedule II controlled substance pursuant to
24 Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and
Professions Code section 4022.

25 ¹⁹ Narcan is a brand name for naloxone, a dangerous drug pursuant to Business and Professions
26 Code section 4022. When properly prescribed and indicated, it is used for the treatment of known or
suspected opioid overdose.

27 ²⁰ Hydroxyzine, brand name Atarax, is a dangerous drug pursuant to Business and Professions
28 Code section 4022. When properly prescribed and indicated, it is used for the treatment of anxiety and
tension.

1 67. On or about April 28, 2017, Patient A left a phone message for Respondent
2 requesting a prescription for Percocet.

3 68. On or about May 2, 2017, Patient A left a phone message for Respondent requesting a
4 full prescription of Percocet (180 tablets, not 150 tablets).

5 69. On or about May 9, 2017, Respondent issued a prescription for 150 tablets of
6 Percocet (10/325) for Patient A.

7 70. On or about September 2, 2017, Patient A presented to the emergency department
8 after falling down the stairs. Records for this visit indicate Patient A fractured her arm as a result
9 of the fall, and due to Patient A's history of opioid abuse, Patient A was admitted to expedite
10 surgery and to avoid risk of opioid abuse.

11 71. On or about September 20, 2017, Patient A had her splint removed from her arm and
12 received a prescription for 40 tablets of Percocet (5/325) by a different physician.

13 72. On or about October 12, 2017, Patient A presented to the emergency department with
14 reports of intermittent expressive aphasia, emotional disorder, speech disturbance and altered
15 mental status. Records for this visit indicate emergency services and law enforcement responded
16 to Patient A's home when she exhibited angry outbursts after not taking opiate medications for
17 two weeks.

18 73. On or about November 7, 2017, Patient A was seen by Respondent to refill her
19 medications. During this visit, Patient A reported taking two (2) trazodone each night and
20 requested an early refill. Respondent declined to refill Patient A's trazodone early. Records for
21 this visit indicate Respondent prescribed 60 tablets of Percocet (5/325) to Patient A.

22 74. On or about November 21, 2017, Patient A presented to the emergency department
23 for slurred speech. Records for this visit indicate Patient A's urine drug screen tested negative for
24 opiates and benzodiazepines.

25 75. On or about December 5, 2017, Patient A was seen by Respondent regarding
26 insomnia and restless leg syndrome. Records for this visit indicate Respondent prescribed 100
27 tablets of gabapentin (300 mg), 50 tablets of trazodone (100 mg), and 40 tablets of Celexa (40
28 mg).

1 76. On or about December 12, 2017, Patient A was seen by Respondent. Records for this
2 visit indicate Respondent prescribed 30 tablets of Percocet (10/325) to Patient A as a two-week
3 supply.

4 77. On or about December 21, 2017, Patient A left a message requesting a refill of her
5 Percocet prescription.

6 78. On or about December 23, 2017, Patient A presented to the emergency department
7 with complaints of a cough. Records for this visit indicate Patient A was issued a prescription for
8 Percocet (10/325).

9 79. On or about January 12, 2018, Patient A was seen by Respondent for medication
10 refill. Records for this visit indicate Respondent prescribed 30 tablets of Percocet (10/325) to
11 Patient A as a two-week supply and 50 tablets of trazodone (100 mg).

12 80. Beginning on or about October 2, 2014, through on or about January 26, 2018, the
13 Controlled Substance Utilization Review and Evaluation System²¹ (CURES) database lists
14 regular prescriptions for opioids and benzodiazepines, as having been issued by Respondent and
15 filled by Patient A, as follows:

<u>Date Filled</u>	<u>Drug Name and Strength</u>	<u>Qty</u>	<u>Days Supply</u>
10/3/14	Norco (10/325)	180	30
10/7/14	Xanax/Alprazolam (0.25 mg)	60	30
10/8/14	Morphine Sulfate (15 mg)	60	30
11/3/14	Xanax/Alprazolam (0.25)	60	30
11/5/14	Morphine Sulfate (15 mg)	60	30
11/25/14	Norco (10/325)	180	30

24 ²¹ The Controlled Substance Utilization Review and Evaluation System (CURES) is a program
25 operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to
26 ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in
27 their efforts to control diversion and abuse of controlled substances. (Health & Saf. Code, § 11165.)
28 California law requires dispensing pharmacies to report to the DOJ the dispensing of Schedule II, III, and
IV controlled substances as soon as reasonably possible after the prescriptions are filled. (Health & Saf.
Code, § 11165, subd. (d).) It is important to note that the history of controlled substances dispensed to a
specific patient based on the data contained in CURES is available to a health care practitioner who is
treating that patient. (Health & Saf. Code, § 11165.1, subd. (a).)

	Date Filled	Drug Name and Strength	Qty	Days Supply
1				
2	12/2/14	Xanax/Alprazolam (0.25 mg)	60	30
3	12/3/14	Morphine Sulfate (15 mg)	60	30
4	12/24/14	Norco (10/325)	180	30
5	12/29/14	Xanax/Alprazolam (0.25 mg)	60	30
6	12/29/14	Morphine Sulfate (15 mg)	60	30
7	1/27/15	Morphine Sulfate (15 mg)	60	30
8	1/27/15	Norco (10/325)	180	30
9	1/27/15	Xanax/Alprazolam (0.25 mg)	60	30
10	2/20/15	Xanax/Alprazolam (0.25 mg)	90	30
11	2/20/15	Percocet (10/325)	180	30
12	3/17/15	Percocet (10/325)	180	22
13	3/17/15	Xanax/Alprazolam (0.25 mg)	90	30
14	4/6/15	Xanax/Alprazolam (0.25 mg)	90	30
15	4/10/15	Percocet (10/325)	120	30
16	4/27/15	Percocet (10/325)	180	15
17	5/9/15	Xanax/Alprazolam (0.25 mg)	90	45
18	5/18/15	Percocet (10/325)	180	23
19	6/29/15	Xanax/Alprazolam (0.25 mg)	30	30
20	7/16/15	Percocet (10/325)	180	23
21	7/17/15	Xanax/Alprazolam (0.25 mg)	30	30
22	7/24/15	Xanax/Alprazolam (0.25 mg)	60	30
23	8/13/15	Percocet (10/325)	180	22
24	10/8/15	Percocet (10/325)	180	30
25	11/6/15	Percocet (10/325)	180	22
26	12/3/15	Percocet (10/325)	180	22
27	12/28/15	Percocet (10/325)	180	23
28	2/2/16	Percocet (10/325)	180	22

	Date Filled	Drug Name and Strength	Qty	Days Supply
1				
2	2/23/16	Percocet (10/325)	180	22
3	3/18/16	Percocet (10/325)	180	22
4	4/13/16	Percocet (10/325)	180	23
5	5/6/16	Percocet (10/325)	180	23
6	5/28/16	Percocet (10/325)	180	22
7	6/23/16	Percocet (10/325)	180	22
8	7/12/16	Percocet (10/325)	180	22
9	8/4/16	Percocet (10/325)	180	22
10	8/30/16	Percocet (10/325)	180	22
11	9/13/16	Percocet (10/325)	90	14
12	9/27/16	Percocet (10/325)	90	14
13	10/11/16	Percocet (10/325)	90	14
14	10/24/16	Percocet (10/325)	90	14
15	11/1/16	Percocet (10/325)	180	22
16	11/23/16	Percocet (10/325)	180	22
17	12/13/16	Percocet (10/325)	180	30
18	1/12/17	Percocet (10/325)	180	30
19	2/8/17	Percocet (10/325)	180	30
20	3/1/17	Percocet (10/325)	180	30
21	4/3/17	Percocet (10/325)	180	30
22	5/9/17	Percocet (10/325)	150	30
23	6/8/17	Percocet (10/325)	150	30
24	7/5/17	Percocet (10/325)	150	30
25	8/3/17	Percocet (10/325)	150	30
26	10/21/17	Percocet (5/325)	60	15
27	11/2/17	Percocet (5/325)	60	15
28	11/15/17	Percocet (5/325)	60	15

Date Filled	Drug Name and Strength	Qty	Days Supply
11/30/17	Percocet (10/325)	30	15
12/13/17	Percocet (10/325)	30	7
12/27/17	Percocet (10/325)	30	15
1/12/18	Percocet (10/325)	30	15
1/26/18	Percocet (10/325)	30	14

81. Respondent committed gross negligence in her care and treatment of Patient A, which included, but is not limited to:

- A. Paragraphs 7 through 80, above, are hereby incorporated by reference and realleged as if fully set forth herein;
- B. Respondent failed to consider the role of Patient A's medication regimen in her frequent falls, and instead, prescribed increasing doses of opioids;
- C. Respondent failed to assess, and/or document an assessment of, Patient A's anxiety symptoms to warrant the prescribing of short-term benzodiazepines to Patient A, and failed to discuss, and/or document a discussion, with Patient A about the discontinuation of the benzodiazepines;
- D. Respondent failed to order, and/or document the order of, urine drug screens to determine compliance or possible diversion by Patient A while prescribing several controlled substances to Patient A over an extended period of time;
- E. Respondent failed to review, and/or document the review of, Patient A's CURES report to check for other prescriptions by other physicians, despite Patient A's drug-seeking behavior, poor adherence to recommendations of other physicians, and increasing expectations of prescriptions;
- F. Respondent failed to consider the instructions and recommendations of the discharge summaries after Patient A's hospitalizations, including but not limited to, the January 19, 2014 discharge summary with instructions to stop Patient A's Ambien and Percocet prescriptions and resuming Patient A's prescription for Percocet on January 24, 2014;

1 G. Respondent failed to appropriately respond to, or act upon, the home health
2 nurse's reported concerns of Patient A's overmedicating and misuse of Ambien and
3 Percocet and lack of compliance with physician's orders; and

4 H. Respondent failed to consult with Patient A's psychiatrist before resuming
5 Patient A's prescription for trazodone after Patient A had been switched to Remeron
6 by her psychiatrist.

7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Repeated Negligent Acts)**

9 82. Respondent has further subjected her Physician's and Surgeon's Certificate No.
10 A 102917 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
11 subdivision (c), of the Code, in that she committed repeated negligent acts in her care and
12 treatment of Patient A as more particularly alleged hereinafter.

13 A. Paragraphs 7 through 81, above, are hereby incorporated by reference and
14 realleged as if fully set forth herein;

15 B. Respondent failed to prescribe long-acting opioids to Patient A for chronic
16 pain, and instead, prescribed short-acting opioids on a regular long term basis;

17 C. Respondent continued prescribing short-acting benzodiazepines to Patient A
18 over a prolonged period of time, despite Patient A's lack of follow up, and/or
19 inconsistent follow up, with psychiatry;

20 D. Respondent failed to document Patient A's potential history of substance abuse,
21 and failed to discuss, and/or document a discussion, with Patient A regarding the
22 addiction potential while prescribing to Patient A more than one addictive substance,
23 including both opioids and benzodiazepines; and

24 E. Respondent failed to appropriately respond to Patient A's numerous requests
25 for early refills and admissions to taking more than the prescribed quantity, and
26 instead, prescribed increasing quantities to match Patient A's usage.

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1 THIRD CAUSE FOR DISCIPLINE

2 (Violations of Provisions of the Medical Practice Act)

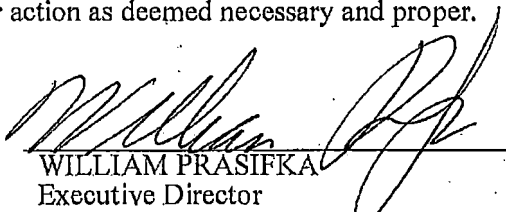
3 83. Respondent has further subjected her Physician's and Surgeon's Certificate No.
4 A 102917 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (a), of the Code, in that she violated a provision or provisions of the Medical Practice
6 Act, as more particularly alleged in paragraphs 7 through 82, above, which are hereby
7 incorporated by reference and realleged as if fully set forth herein.

8 PRAYER

9 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
10 and that following the hearing, the Medical Board of California issue a decision:

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 102917, issued
12 to Respondent Amy Lee Bodeau, M.D.;
- 13 2. Revoking, suspending or denying approval of Respondent Amy Lee Bodeau, M.D.'s
14 authority to supervise physician assistants and advanced practice nurses;
- 15 3. Ordering Respondent Amy Lee Bodeau, M.D., if placed on probation, to pay the
16 Board the costs of probation monitoring; and
- 17 4. Taking such other and further action as deemed necessary and proper.

18
19 DATED: JUL 30 2020

20 
21 WILLIAM PRASIFKA
22 Executive Director
23 Medical Board of California
24 Department of Consumer Affairs
25 State of California
26 Complainant

24 SD2020501681
25 82313349.docx